



# Maryland On-Site Sewage Disposal System Inspection Report



\*\* For this inspection to be considered a proper inspection, all sections must be completed\*\*

## Pre-Inspection Information

### Property Information

Address:

City:  State: MD Zip Code:

Permitted # of Bedrooms:  Build Year:  Water Supply:

Property Type:  If Other:

Comments:

### Owner Information/ Interview

Last Name:  First Name:

Number of Occupants:  Number of Years Occupied:

If Vacant, Date Vacated (mm/dd/yyyy):

In-Home Business:  Type:

Has the Property Recently had a Septic Inspection:  Date:

Any Septic System Issues:  Type:

Comments:

### Document Search Information

Document Request Date:  Septic Permit Reviewed:

**Permitted Septic System Components:**

Septic Tank:  Install Year:  Size:  gal

BAT Unit:  Install Year:  Manufacturer:

Distribution Box:  Pumping Chamber:

Absorption Type:  Total Trench Length/ Width:  Ft

Bed Size (L/W):  Ft Absorption Component Depth:  Ft

Comments:

## On-site Inspection

Start Date:

Completion Date:

**Crawl Space/ Basement Evaluation**

Number of Drain Pipes Exiting Foundation Wall

Describe Each Pipe and Source:

Does Plumbing Evaluation Confirm all Wastewater is Directed into the Septic System:

**Water Treatment**

Does the House have any Water Treatment Devices:  If Yes, Number:

Describe each Water Treatment Device:

If any, where is the Water Treatment Discharge Directed:

**Sewer Line Outside of Foundation**

Pipe Material:  Cracks/ Breaks:  Blockage:

Comments:

**Grease Trap**

Grease Trap:  Size:  (Gal) Construction:

Liquid Level:  Proper Baffle:

Comments:

**Septic Tank**

Septic Tank:  Number of Tanks:  Total Size of Tank(s):  (Gal)

Type of Tank(s):  Construction:

Liquid Level:  Evidence of High Water Staining:  Effluent Filter:

Inlet Baffle:  Outlet Baffle:  Baffle Condition:

Access:  Evidence of Ground or Surface Water Intrusion:

Comments:

**Best Available Technology Unit (BAT)**

BAT Unit:	Manufacturer:	Model:
Power to Contro Pannel:	Control Pannel:	Control Pannel Alarm:
Last Service Date:	Was Last Service Date more than 365 days:	
Comments:		
<input type="text"/>		

**Distribution Box**

Distribution Box:	Number of Drainlines leaving Box:	Distribution Box Level:
Is there Equal Distribution to Drainlines:	Liquid Level:	
Comments:		
<input type="text"/>		

**Pumping Chamber**

Pumping Chamber:	Access:	Liquid Level:
High Water Alarm:	Alarm Properly Functioning:	Separate Float Tree:
Pump Elevated off the Bottom of the Tank:	Electrical Connections:	
Comments:		
<input type="text"/>		

**Soil Absorption System**

Absorption Type:	Observation Pipes (OP):	OP Water Depth:
Trenches Probed:	Describe Observation:	
Evidence of Surfacing Effluent:	Describe:	
Comments:		
<input type="text"/>		

**Other On-Site Disposal Systems (OSDS) Components and Systems**

Detail all other OSDS components not covered in the above sections.

Comments:
<input type="text"/>

## OSDS Testing

### Hydraulic Load Test

Hydraulic Load Test Performed:

Testing Volume:  Gal

Elapsed Time:  Min

Comments:

### Dye Test

Suspicious Liquid Discharge on or near the Property:

Dye Test Performed:

Reason:

Comments:

### Tank Pump Out

Tank(s) Pumped:

Number of Tanks Pumped:

Total Gallons Pumped:

Any Flow into Tank from Outlet Pipe:

Any Groundwater Entering the Tank:

Does the Tank Appear to be Watertight:

Comments:

## Summary/Conclusions

Wastewater Collection System	<input type="checkbox"/> Satisfactory
Conveys all Wastewater to Sewer Line:	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Sewer Line	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Grease Trap	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Septic Tank	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
BAT Unit	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Distribution Box	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Pumping Chamber	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
Soil Absorption System	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns
All other OSDS components	<input type="checkbox"/> Satisfactory
	<input type="checkbox"/> Unsatisfactory
	<input type="checkbox"/> Satisfactory with Concerns

Does any component of the OSDS need to be repaired or replaced:

Explain:

In my professional opinion this OSDS is properly functioning base on permitted capacity:

My Inspection verifies the OSDS is consistant with the septic permit:

If listed for sale, does the number of bedrooms advertised match what is legally permitted:

Comments:

\*\*Check with the Approving Authority for permitting requirements before any repair is performed to the septic system.\*\*

**\*\*ATTACH ALL DOCUMENTS PROVIDED BY THE APPROVING AUTHORITY**

THIS INSPECTION REPORT DETAILS COMPONENTS AND THE PRESENT CONDITION OF THE ON-SITE SEWAGE DISPOSAL SYSTEM FOR THE ADDRESS LISTED IN THE PROPERTY INFORMATION SECTION OF THIS REPORT. THE CONCLUSIONS OF THIS REPORT DO NOT GUARANTEE OR WARRANTY THIS OSDS WILL FUNCTION IN THE FUTURE.

**This inspection of the septic system is an evaluation of function and is not an evaluation that the system meets current State regulations. The owner should not assume future expansion of the home is possible without additional evaluation completed by the Approving Authority.**

I attest that I have properly completed an inspection of the OSDS at this property. This inspection includes information obtained from the property owner, or representative, and a document search from the Approving Authority. I have completed all sections pertaining to components of this OSDS. The conclusions of this report are my professional opinions based on my training and experience inspecting OSDS.

First Name:

Last Name:

License Number:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

